

**11-16yrs**

**Consent Form**  
for SUMMER BLAST  
25<sup>th</sup> -29<sup>th</sup> July 2011

**General Details:**

Home Address:.....  
.....  
Post Code:.....  
Home Phone Number: .....  
Mobile Number: .....

**Young Persons Details:**

Full Name: .....  
Age: .....  
School.....

**Medical :**

Does the person named above have any allergies or allergic to anything? Please state them below and the medical assistance needed.

.....  
.....  
.....

Anything else we need to know about the young person?

.....

I (responsible adult).....give permission for the young person named above to attend the Summer Blast Event run by St Michael's Church, Budbrooke. They will be picked up and dropped off by someone /\* make their own way home each day (\* delete as necessary).

Signature of adult (18yrs+):

.....

Please bring this back completed to St Michaels Church Centre or to 9  
Cherry Lane, Budbrooke  
The young person will not be able to come if this form is not filled in and  
signed – Thank You!

We do have a first aider on hand if needed!